

DUTCHESS COUNTY DEPARTMENT OF HEALTH
387 Main Mall, Poughkeepsie NY 12601

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DCHD use only

Date reviewed: _____

DCHD Rep.: _____

Authorization: _____

WASTEWATER DISPOSAL SYSTEM REGISTRATION & NOTICE OF INTENT

Addition/Replacement for Existing Residential Home < 1000 GPD

(not applicable for construction of new homes or cases where a building permit is required)

Article 19, Section 19.5(A), Dutchess County Sanitary Code

1. Tax Map I.D. No. _____ - _____ - _____ - _____
and address: _____
 2. Name & address of property owner: _____
_____ Phone: _____
 3. Name & address of contractor: _____
_____ Phone: _____
 4. Describe existing system and components: _____

 5. Describe proposed addition/replacement & components: _____

- Note: If an engineered plan was previously approved by the DCHD, the addition/replacement should be in accordance with the terms and conditions thereof.
6. Sketch:

It is hereby agreed that the wastewater disposal system addition/replacement will be installed in accordance with generally accepted standards: Appendix 75-A, New York State Sanitary Code, and NYS Department of Health Individual Residential Wastewater Treatment Systems Design Handbook.

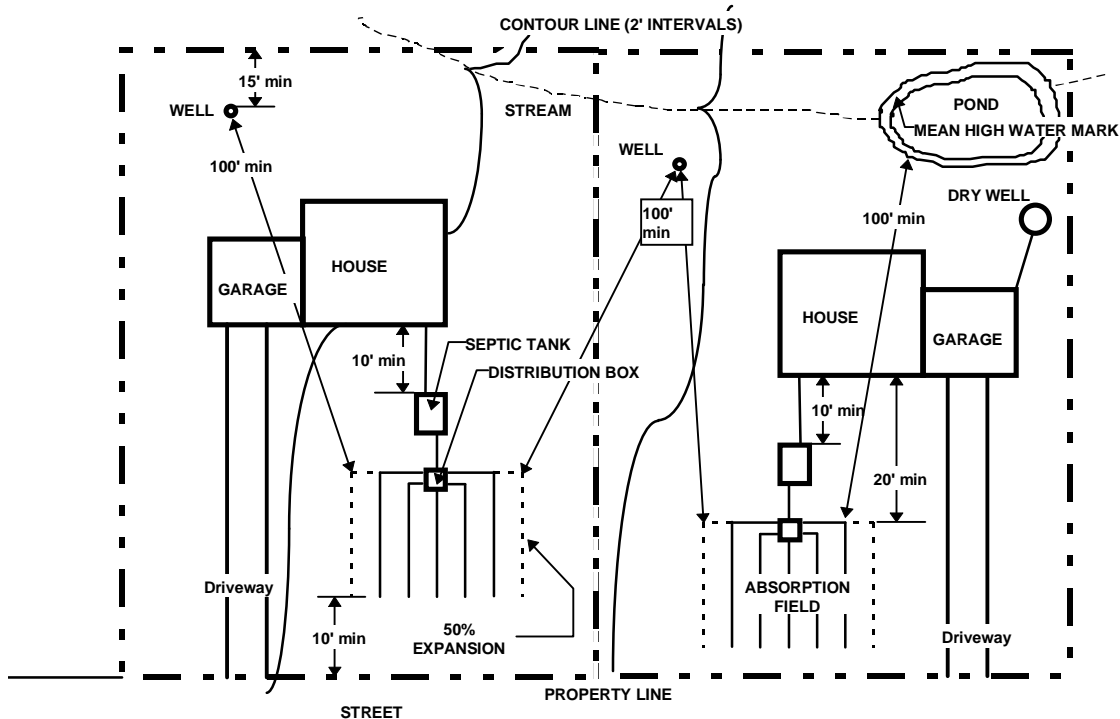
(property owner signature)

(contractor signature)

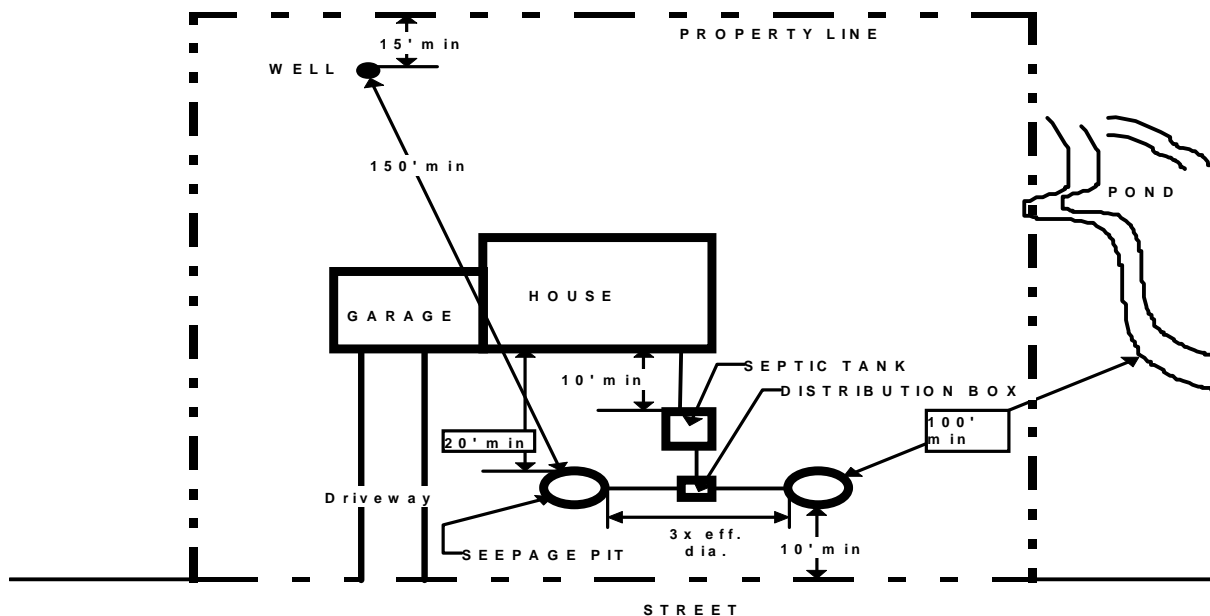
INSTRUCTIONS

1. The property tax map I.D. is a 14-digit number which can be obtained from your tax records, local municipality or County Real Property Tax Office. Address of property where addition/replacement will occur.
2. Name, address, phone # of person(s) who owns the property where the addition or replacement will occur.
3. Name, address, phone # of the contractor who will complete the addition or replacement. If the property owner is completing work, then enter "same as #2."
4. Describe the components of the existing system and which will be retained with the addition/replacement.
5. Describe the proposed addition/replacement components. Example, 1000 gal. septic tank, followed by a distribution box and three 50' laterals, six feet on center and 30" deep. Indicate any fill that will be used.
6. Sketch example.

ABSORPTION FIELD SEPARATION REQUIREMENTS



SEEPAGE PIT SEPARATION REQUIREMENTS



Note: Prior to the addition/replacement, deep and percolation tests should be conducted to determine the elevation of rock, seasonal high groundwater and absorptive capacity of the soil.